FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2001 8:00 am DOCUMENT # 722345 Secretary of State 1. Entity Name 01-20-2001 90070 001 ****61.25 THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS 01-20-2001 90070 002 *****8.75 Principal Place of Business Mailing Address 2901 5TH AVENUE SOUTH ST PETERSBURG FL 33712 782 64TH AVE. SOUTH ST. PETERSBURG FL 33705-5922 3. Mailing Address 782 64th QVE South 2. Principal Place of Business 2901 5th Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number Peters barg, FlA 23-7168635 Not Applicable Country USA \$8.75 Additional Zip **7**703 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bishop Willie D. Holcy Street Address (P.O. Box Number is Not Acceptable) HOLCY, WILLIE D BISHOP 782 64TH AVE SOUTH 782 64Th AVE SOUTH ST. PETERSBURG FL 33705 Zip Code 33705 CityST PETERS BARB 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW: 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **PMD** ☐ Addition TITLE ☐ Delete TITLE Change CR2E037 (10/00 HOLCY, WILLIE D.(BISHOP) NAME NAME STREET ADDRESS 782 64 AVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE. FL STM ☐ Delete ☐ Addition TITLE TITLE ☐ Change HOLCY, ARIE LEE NAME NAME 782 64 AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE. FL TITLE Delete TITLE . . Change _ Addition RIVERS, PATRICIA ANN NAME NAME STREET ADDRESS 3026 EMERSON AVENUE SO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETE. FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDREW, ISAAC NAME NAME STREET ADDRESS 6911 BONAIR DRIVE, D STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete Change Addition DANIELS, WILLIAM H. NAME NAME STREET ADDRESS 2501 22 AVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BISHOPN WINTEEDRIFFOLOUR CHARMAN OF BOARD 1/9/2001 727-864-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/0/100/ Dayring Priore